

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045339

FILED
Jan 07, 2005
Secretary of State

Entity Name: B&B DEVELOPMENT LLC

Current Principal Place of Business:

C/O WENDY BECK
100 SOUTHEAST 2ND STREET, STE. 2900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O WENDY BECK
100 SOUTHEAST 2ND STREET, STE. 2900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1295475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET, STE. 2900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BECK, RONALD
Address: 11826 SW 43 STREET
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM () Change (X) Addition
Name: PERLIN, MICHAEL
Address: 7796 MANDERIN DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGRM () Change (X) Addition
Name: BODKINS, MARK
Address: 11806 SW 42 COURT
City-St-Zip: DAVIE, FL 33330 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RONALD BECK

MGRM

01/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date